

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: R6	
TYPE OF NOTIFICATION ( O-Original, R-Revised, C-Cancelled): <b>O</b>				
FACILITY INFORMATION ( Identify Owner, Removal Contractor and Other Operator):				
<b>OWNER NAME: NYCMTA</b>				
Address: <b>2 Broadway</b>				
City: <b>New York</b>	State: <b>NY</b>	Zip: <b>10004</b>		
Contact Name: <b>Brian McLean</b>			Telephone: <b>(646) 252-3540</b>	
<b>REMOVAL CONTRACTOR: Coastal Environmental Group, Inc.</b>				
Address: <b>264 Sills Road, Suite A</b>				
City: <b>East Patchogue</b>	Zip: <b>NY</b>	Zip: <b>11772</b>		
Contact Name: <b>Richard C. Silva, Jr., Project Manager</b>			Telephone: <b>631-299-3524</b>	
<b>OTHER CONTRACTOR:</b>				
Address:				
City:	State:	Zip:		
Contact Name:			Telephone:	
TYPE OF OPERATION ( D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): <b>R</b>				
IS ASBESTOS PRESENT? ( <u>YES</u> NO ) <b>Yes</b>				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: <b>Steinway Tube</b>				
Address: <b>IRT Flushing Line</b>				
City: <b>New York City</b>	State: <b>NY</b>	County: <b>Manhattan</b>		
Site Location: <b>Tracks C1 &amp; C2, Pump Rooms, Shafts, Manholes: 26S &amp; 28S</b>				
Building Size:	# of Floors:	Age In Years: <b>50 years +</b>		
Present Use: <b>Train Station</b>	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: <b>PLM - Polarized Light Microscopy</b>				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	<b>255</b>			
Pipes				Ln Ft: <b>X</b> Ln M:
Surface Area -- Square Feet	<b>205</b>			Sq Ft: <b>X</b> Sq M:
Vol. RACM off Facility Component				Cu Ft:      Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)		Start Date: <b>04/23/16</b>		Complete Date: <b>04/23/17</b>
Schedules Dates Demo/Renovation (mm/dd/yy)		Start:		Complete:

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56. NYCT System Wide Variance #14-0241, 14-0245, and EPA Dry Removal dated 02/04/16. Methods will include double bagged for disposal purposes.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

**WASTE TRANSPORTER #1**

Name: **Tri-State Transfer Associates, Inc.**

Address: **1199 Randall Avenue**

City: **Bronx**

State: **NY**

Zip: **10474**

Contact Name: **Jamie Byrne Baranoff**

Telephone: **718-617-0771**

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

**WASTE DISPOSAL SITE (#1 or #2)**

Name: **Minerva Enterprises**

Location: **9000 Minerva Road**

City: **Waynesburg**

State: **OH**

Zip: **44688**

Telephone: **330-866-3435**

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

**FOR EMERGENCY RENOVATIONS**

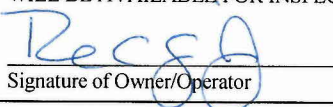
Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

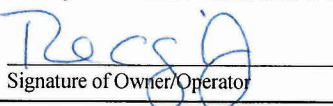
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I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

  
Signature of Owner/Operator

  
Date

I certify that the above information is correct.

  
Signature of Owner/Operator

  
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# NOTIFICATION OF DEMOLITION AND RENOVATION

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Contact Name: <b>Brian McLean</b>			Telephone: <b>(646) 252-3540</b>	
<b>REMOVAL CONTRACTOR: Coastal Environmental Group, Inc.</b>				
Address: <b>264 Sills Road, Suite A</b>				
City: <b>East Patchogue</b>	Zip: <b>NY</b>	Zip: <b>11772</b>		
Contact Name: <b>Richard C. Silva, Jr., Project Manager</b>			Telephone: <b>631-299-3524</b>	
<b>OTHER CONTRACTOR:</b>				
Address:				
City:	State:	Zip:		
Contact Name:			Telephone:	
TYPE OF OPERATION ( D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): <b>R</b>				
IS ASBESTOS PRESENT? ( <u>YES</u> NO ) <b>Yes</b>				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: <b>Steinway Tube</b>				
Address: <b>IRT Flushing Line</b>				
City: <b>Queens</b>	State: <b>NY</b>	County: <b>Queens</b>		
Site Location: <b>Tracks C1 &amp; C2, Pump Rooms, Shafts, Manholes: 35N, 38S, 39N, 40S &amp; 41N</b>				
Building Size:	# of Floors:	Age In Years: <b>50 years +</b>		
Present Use: <b>Train Station</b>	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: <b>PLM - Polarized Light Microscopy</b>				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	<b>415</b>			
Pipes				Ln Ft: <b>X</b> Ln M:
Surface Area – Square Feet	<b>500</b>			Sq Ft: <b>X</b> Sq M:
Vol. RACM off Facility Component				Cu Ft:      Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)	Start Date: <b>04/23/16</b>		Complete Date: <b>04/23/17</b>	
Schedules Dates Demo/Renovation (mm/dd/yy)	Start:		Complete:	

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**WASTE TRANSPORTER #1**

Name: Tri-State Transfer Associates, Inc.

Address: 1199 Randall Avenue

City: Bronx

State: NY

Zip: 10474

Contact Name: Jamie Byrne Baranoff

Telephone: 718-617-0771

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

**WASTE DISPOSAL SITE (#1 or #2)**

Name: Minerva Enterprises

Location: 9000 Minerva Road

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

**FOR EMERGENCY RENOVATIONS**

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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Signature of Owner/Operator

Date

I certify that the above information is correct.

Signature of Owner/Operator

Date



# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: R7	
TYPE OF NOTIFICATION ( O-Original, R-Revised, C-Cancelled): <b>O</b>				
FACILITY INFORMATION ( Identify Owner, Removal Contractor and Other Operator):				
<b>OWNER NAME: NYCMTA</b>				
Address: <b>2 Broadway</b>				
City: <b>New York</b>	State: <b>NY</b>	Zip: <b>10004</b>		
Contact Name: <b>Brian McLean</b>			Telephone: <b>(646) 252-3540</b>	
<b>REMOVAL CONTRACTOR: Coastal Environmental Group, Inc.</b>				
Address: <b>264 Sills Road, Suite A</b>				
City: <b>East Patchogue</b>	Zip: <b>NY</b>	Zip: <b>11772</b>		
Contact Name: <b>Richard C. Silva, Jr., Project Manager</b>			Telephone: <b>631-299-3524</b>	
<b>OTHER CONTRACTOR:</b>				
Address:				
City:	State:	Zip:		
Contact Name:			Telephone:	
TYPE OF OPERATION ( D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): <b>R</b>				
IS ASBESTOS PRESENT? ( <u>YES</u> NO ) <b>Yes</b>				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: <b>Steinway Tube</b>				
Address: <b>IRT Flushing Line</b>				
City: <b>Queens</b>	State: <b>NY</b>	County: <b>Queens</b>		
Site Location: <b>Tracks C1 &amp; C2, Pump Rooms, Shafts, Manholes: 35N, 38S, 39N, 40S &amp; 41N</b>				
Building Size:	# of Floors:	Age In Years: <b>50 years +</b>		
Present Use: <b>Train Station</b>	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: <b>PLM - Polarized Light Microscopy</b>				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	<b>415</b>			
Pipes				Ln Ft: <b>X</b> Ln M:
Surface Area – Square Feet	<b>500</b>			Sq Ft: <b>X</b> Sq M:
Vol. RACM off Facility Component				Cu Ft: Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)	Start Date: <b>04/16/2016</b>		Complete Date: <b>04/16/2017</b>	
Schedules Dates Demo/Renovation (mm/dd/yy)	Start:		Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56. NYCT System Wide Variance #14-0241, 14-0245, and EPA Dry Removal dated 02/04/16. Methods will include double bagged for disposal purposes.

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City: Bronx

State: NY

Zip: 10474

Contact Name: Jamie Byrne Baranoff

Telephone: 718-617-0771

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

**WASTE DISPOSAL SITE (#1 or #2)**

Name: Minerva Enterprises

Location: 9000 Minerva Road

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

**FOR EMERGENCY RENOVATIONS**

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

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Signature of Owner/Operator

Date

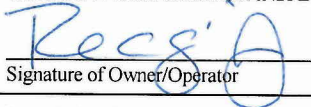
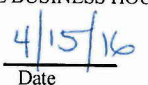
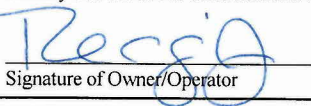
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Signature of Owner/Operator

Date

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: R7	
TYPE OF NOTIFICATION ( O-Original, R-Revised, C-Cancelled): <b>O</b>				
FACILITY INFORMATION ( Identify Owner, Removal Contractor and Other Operator):				
<b>OWNER NAME: NYCTA</b>				
Address: <b>2 Broadway</b>				
City: <b>New York</b>	State: <b>NY</b>	Zip: <b>10004</b>		
Contact Name: <b>Brian McLean</b>			Telephone: <b>(646) 252-3540</b>	
<b>REMOVAL CONTRACTOR: Coastal Environmental Group, Inc.</b>				
Address: <b>264 Sills Road, Suite A</b>				
City: <b>East Patchogue</b>	Zip: <b>NY</b>	Zip: <b>11772</b>		
Contact Name: <b>Richard C. Silva, Jr., Project Manager</b>			Telephone: <b>631-299-3524</b>	
<b>OTHER CONTRACTOR:</b>				
Address:				
City:	State:	Zip:		
Contact Name:			Telephone:	
TYPE OF OPERATION ( D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): <b>R</b>				
IS ASBESTOS PRESENT? ( <u>YES</u> NO ) <b>Yes</b>				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: <b>Steinway Tube</b>				
Address: <b>IRT Flushing Line</b>				
City: <b>New York City</b>	State: <b>NY</b>	County: <b>Manhattan</b>		
Site Location: <b>Tracks C1 &amp; C2, Pump Rooms, Shafts, Manholes: 26S &amp; 28S</b>				
Building Size:	# of Floors:	Age In Years: <b>50 years +</b>		
Present Use: <b>Train Station</b>	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: <b>PLM - Polarized Light Microscopy</b>				
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Linear Feet	<b>255</b>			
Pipes				LnFt: <b>X</b> Ln M:
Surface Area – Square Feet	<b>205</b>			SqFt: <b>X</b> Sq M:
Vol. RACM off Facility Component				CuFt: Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)	Start Date: <b>04/16/2016</b>		Complete Date: <b>04/16/2017</b>	
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Address: <b>1199 Randall Avenue</b>			
City: <b>Bronx</b>	State: <b>NY</b>	Zip: <b>10474</b>	
Contact Name: <b>Jamie Byrne Baranoff</b>		Telephone: <b>718-617-0771</b>	
<b>WASTE TRANSPORTER #2</b>			
Name:			
Address:			
City:	State:	Zip:	
Contact Name:		Telephone:	
<b>WASTE DISPOSAL SITE (#1 or #2)</b>			
Name: <b>Minerva Enterprises</b>			
Location: <b>9000 Minerva Road</b>			
City: <b>Waynesburg</b>	State: <b>OH</b>	Zip: <b>44688</b>	
Telephone: <b>330-866-3435</b>			
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Authority:			
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<b>FOR EMERGENCY RENOVATIONS</b>			
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 Signature of Owner/Operator		 Date	
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# NOTIFICATION OF DEMOLITION AND RENOVATION

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<b>REMOVAL CONTRACTOR: Coastal Environmental Group, Inc.</b>				
Address: <b>264 Sills Road, Suite A</b>				
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IS ASBESTOS PRESENT? ( YES NO ) <b>Yes</b>				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
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Name: Tri-State Transfer Associates, Inc.

Address: 1199 Randall Avenue

City: Bronx

State: NY

Zip: 10474

Contact Name: Jamie Byrne Baranoff

Telephone: 718-617-0771

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

**WASTE DISPOSAL SITE (#1 or #2)**

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Location: 9000 Minerva Road

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

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Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS. (required 1 year after promulgation)

Signature of Owner/Operator

Date

I certify that the above information is correct.

Signature of Owner/Operator

Date

# NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #: R5	
TYPE OF NOTIFICATION ( O-Original, R-Revised, C-Cancelled): <b>O</b>				
FACILITY INFORMATION ( Identify Owner, Removal Contractor and Other Operator):				
<b>OWNER NAME: NYCMTA</b>				
Address: <b>2 Broadway</b>				
City: <b>New York</b>	State: <b>NY</b>	Zip: <b>10004</b>		
Contact Name: <b>Brian McLean</b>	Telephone: <b>(646) 252-3540</b>			
<b>REMOVAL CONTRACTOR: Coastal Environmental Group, Inc.</b>				
Address: <b>264 Sills Road, Suite A</b>				
City: <b>East Patchogue</b>	Zip: <b>NY</b>	Zip: <b>11772</b>		
Contact Name: <b>Richard C. Silva, Jr., Project Manager</b>	Telephone: <b>631-299-3524</b>			
<b>OTHER CONTRACTOR:</b>				
Address:				
City:	State:	Zip:		
Contact Name:	Telephone:			
TYPE OF OPERATION ( D-Demo, O-Ordered Demo, R-Renovation, E-Emr. Renovation): <b>R</b>				
IS ASBESTOS PRESENT? ( <u>YES</u> NO ) <b>Yes</b>				
FACILITY DESCRIPTION (Include Building Name, Number and Floor or Room Number)				
Building Name: <b>Steinway Tube</b>				
Address: <b>IRT Flushing Line</b>				
City: <b>New York City</b>	State: <b>NY</b>	County: <b>Manhattan</b>		
Site Location: <b>Tracks C1 &amp; C2, Pump Rooms, Shafts, Manholes: 26S &amp; 28S</b>				
Building Size:	# of Floors:	Age In Years: <b>50 years +</b>		
Present Use: <b>Train Station</b>	Prior Use:			
Procedure, Including Analytical Method, If Appropriate, Used To Detect The Presence of Asbestos Material: <b>PLM - Polarized Light Microscopy</b>				
Approximate amount of asbestos, including: 1. Regulated ACM to be removed 2. Category I ACM not removed 3. Category II ACM not removed	RACM to be removed	Nonfriable Asbestos Material not to be removed		Indicate Unit of Measurement Below
		CAT I	CAT II	UNIT
Linear Feet	<b>255</b>			
Pipes				LnFt: <b>X</b> Ln M:
Surface Area – Square Feet	<b>205</b>			SqFt: <b>X</b> Sq M:
Vol. RACM off Facility Component				CuFt:      Cu M:
Scheduled Dates Asbestos Removal (mm/dd/yy)	Start Date: <b>04/23/16</b>		Complete Date: <b>04/23/17</b>	
Schedules Dates Demo/Renovation (mm/dd/yy)	Start:		Complete:	

DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED: This asbestos abatement project will be done in accordance with the applicable New York State Industrial Code Rule 56. NYCT System Wide Variance #14-0241, 14-0245, and EPA Dry Removal dated 1/6/2014. Methods will include double bagged for disposal purposes.

DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE: HEPA Vacs, MicroTraps (Negative Air Pressure) and amended water will be utilized for emissions control.

**WASTE TRANSPORTER #1**

Name: Tri-State Transfer Associates, Inc.

Address: 1199 Randall Avenue

City: Bronx

State: NY

Zip: 10474

Contact Name: Jamie Byrne Baranoff

Telephone: 718-617-0771

**WASTE TRANSPORTER #2**

Name:

Address:

City:

State:

Zip:

Contact Name:

Telephone:

**WASTE DISPOSAL SITE (#1 or #2)**

Name: Minerva Enterprises

Location: 9000 Minerva Road

City: Waynesburg

State: OH

Zip: 44688

Telephone: 330-866-3435

IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (mm/dd/yy):

Date Ordered to Begin(mm/dd/yy):

**FOR EMERGENCY RENOVATIONS**

Date and Hour of Emergency(mm/dd/yy):

Description of the Sudden, Unexpected Event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

DESCRIPTION OF PROCEDURE TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLES, PULVERIZED, OR REDUCED TO POWDER. Any ACM which is discovered unexpectedly, or non-friable ACM which becomes crumbled will be immediately wet with amended water and cleaned up with HEPA Vacs, to be put in 6 mil poly bags for proper disposal.

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